


NOV 14 2007

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|--|---|---|-----------------------------------|---------------------------------|---------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 023189.0101PTUS | | |
| Application No. 10/771,803-Conf. #3335 | Filing Date February 4, 2004 | Examiner T. K. Mitchell | Art Unit 3771 | | |
| Applicant(s): Lutz Freitag | | | | | |
| Invention: TRACHEAL CATHETER AND PROSTHESIS AND METHOD OF RESPIRATORY SUPPORT OF A PATIENT | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 34 | - 26 = | 8 | X 25.00 | 200.00 |
| Independent Claims | 5 | - 4 = | | x 105.00 | 105.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within second month | | | | | 230.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 535.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. <u>50-2228</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2228</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Michele V. Frank Attorney/Agent Reg. No.: 37,028 PATTON BOGGS LLP 8484 Westpark Drive, 9th Floor McLean, Virginia 22102 (703) 744-8000 | | | | Dated: <u>November 14, 2007</u> | |

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FAX TRANSMISSION**DATE:** November 14, 2007**PTO IDENTIFIER:** Application Number 10/771,803-Conf. #3335
Patent Number**Inventor:** Lutz Freitag**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATTON BOGGS LLP

Michele V. Frank

PHONE: (703) 744-8000**Attorney Dkt. #:** 023189.0101PTUS**PAGES (Including Cover Sheet):** 137**CONTENTS:**
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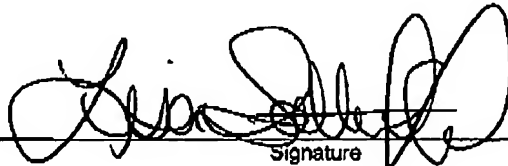
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